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TYPES OF DEMENTIA

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Dementia is the term used for loss of mental function to the extent that this interferes person's daily life. It is not a disease in itself but rather a group of symptoms which ac certain diseases. It is a very broad term which describes a loss of memory, intellect, ra social skills and normal emotional reactions. Alzheimer's disease is the major cause of Dementing illnesses can affect adults of any age, although they are more likely to occu years.

What are the most common forms of dementia?

There are many causes of dementia so it is important to consult a doctor who is experi diagnosing these disorders as soon as possible.

Alzheimer's disease is the most common of the dementias and accounts for about 71 of all cases. In its early phases, the symptoms can be subtle, like memory loss and va taking longer to do routine tasks, losing the point of a conversation or repeating onese disease gradually progresses, the changes become more dramatic until, in the last sta person may need constant nursing care.

Parkinson's disease (PD) is a progressive disorder of the central nervous system, ch by tremors, stiffness in limbs and joints, speech impediments and difficulty in initiating movements. Late in the course of the disease, some patients develop dementia. It is tl that most older people with Parkinson's disease also have dementia. Medication may ir physical symptoms, but these may worsen dementia.

Diffuse Lewy Body disease: a significant number of people diagnosed with dementia to have tiny spherical structures called Lewy bodies in the nerve cells of their brains. If these may contribute to the death of brain cells. There is disagreement, however, over diffuse Lewy body disease is a distinct illness or a variant of Alzheimer's or Parkinson's Dementia is often mild at the outset and can be extremely variable from day to day. S such as delusions, extreme confusion, hallucinations, falls and Parkinson's-type tremor common. People with DLBD are very sensitive to side effects of neuroleptic drugs (anti e.g. Melleril and Serenace). There is no treatment at present.

Vascular dementia

This is the second most common cause of dementia. It is a term for dementia associat problems in the circulation of blood to the brain (cerebrovascular disease). There is no as yet to reverse the effects of vascular dementia, though drugs may be used to contr blood pressure (hypertension) which is known to be a risk factor.

- **Multi-infarct dementia** (MID) is the most common kind of vascular dementia result of many small strokes or decreased blood flow to the brain. These stroke: damage any area of the brain responsible for a specific function. If there is one strategic area, dementia may result. Vascular dementia may appear similar to Alzheimer's.
- **Subcortical vascular dementia** (Binswanger's disease) is another slowly evol of dementia but the blood vessels affected are deep inside the brain (in the sub Symptoms include slowness and lethargy and emotional ups and downs.

Frontal lobe or fronto-temporal dementias

- **Pick's disease**, like Alzheimer's disease, causes progressive and irreversible d

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person's abilities over a number of years. The frontal lobe dementias cause less per cent of all dementias. As the name suggests, these disorders affect mainly the frontal and temporal lobes of the brain and usually begin between 40 to 65 years of age. Disturbances of personality, behaviour (particularly lack of inhibitions) and language precede and initially be more severe than memory defects. The causes of frontal lobe dementia and Pick's disease are not yet known, but in a minority of cases they run in families.

- **Huntington's disease** is an inherited, degenerative brain disease which affects the brain and body. It usually appears between the ages of 30 and 50 and is characterised by intellectual decline and irregular, involuntary movement of the limbs or facial muscles. Other symptoms include personality change, memory disturbance, slurred speech, impaired judgement and psychiatric problems. Diagnosis includes an evaluation of medical history and CAT brain scanning. There is no treatment available to stop progression of the disease, but medication can control movement disorders and psychiatric symptoms. Dementia occurs in the majority of cases.

Alcohol

Alcohol, if taken in excess, leads to irreversible brain damage. This is particularly so if it is associated with poor diet, blackouts and frequent falls. The most vulnerable parts of the brain are those used for memory, higher cognitive tasks such as planning, organising and judgement, social skills and balance. If drinking ceases, there can be some improvement. Thiamine, a B vitamin, is important to limit some of the toxic effects of alcohol, and is an important supplement for heavy drinkers.

Structural brain problems

- **Head injury**, if severe, can produce permanent change in a person's ability to think and in their behaviour and personality. Usually this follows only if a person has been unconscious for a long time.
- **Benign tumour or hydrocephalus** can cause dementia. Hydrocephalus does not involve a build-up of the pressure of fluid inside the brain cavities. Often there is a history of meningitis, bleeding inside the head or head trauma and/or headache. Symptoms include shuffling walk and incontinence of urine, as well as slowing of thinking. If detected early it can sometimes be treated by removing the tumour or insertion of a shunt to drain excess fluid from the brain and so relieve the pressure. Unfortunately, this treatment does not always work to reverse the dementia.

Infection related dementias

- **Infection**: some forms of dementia are due to infection. The most common of these in the past was syphilis. Today, many people in the later stages of AIDS develop dementia. Symptoms can include apathy, vagueness, confusion, difficulty in concentrating, forgetfulness, withdrawal and flattened emotions. However, as the disease progresses, a person's original personality will usually remain intact to the end.
- **Creutzfeldt-Jakob disease**: despite recent publicity about Mad Cow disease, this is an extremely rare, fatal brain disorder caused by a transmissible infectious organism, probably a 'slow virus'. Early symptoms include failing memory, changes of behaviour and a lack of co-ordination. As the disease progresses, usually very rapidly, mental deterioration becomes pronounced, involuntary movements appear, and the patient may become blind, develop weakness in the arms or legs and ultimately lapse into a coma. The slow virus is not infectious in the same way as the flu, but can only be transmitted through nerve tissue. A small percentage of cases of CJD run in families.

Dementia-like symptoms which are treatable and/or potentially reversible

- Some medical conditions, such as vitamin and hormone deficiencies (thyroid and B12 being the most common) can cause dementia. If detected and treated early, the symptoms can often be reversed.

dementias can be reversed or their progress halted.

- Serious forgetfulness and some other dementia-like symptoms sometimes are a condition which can be cured. When such a condition is treated appropriately, memory improves. Therefore, it is important for anyone with dementia-like behaviour to seek a thorough assessment to find the cause.

Conditions of this sort include:

- psychiatric disorders such as anxiety and depression (called 'pseudo-dementia')
- clashes of medication. Some medical problems can make any dementia appear worse than it need be. These include infections, painful disorders and uncontrolled chronic disease such as heart, liver or kidney failure. Even constipation makes dementia worse.

Dementia is not a normal part of ageing

- Older age presents a risk factor, but is not the cause of dementia.
- Loss of memory in dementia is more than just becoming a little forgetful. It is persistent and progressive, not just occasional.

Where to go for help

Looking after someone with dementia is often lonely, difficult, exhausting and at times devastating. The following suggestions may help carers, friends and relatives to cope and manage better.

- Contact your local Alzheimer's Association for information, emotional support and counselling.
- Join your local Support Group.
- Contact your local Aged Care Assessment Team (ACAT), through your local hospital for information about day care programs, respite services, home nursing help, and community support services such as Meals on Wheels.
- Ask relatives, friends and neighbours to assist you with the caring role. You will assist them to understand the nature and management of the disease.

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Reviewed : 9/3/2001

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